

On March 10, I hosted a town hall meeting in La Plata to discuss some of the challenges facing seniors as they enroll in Medicare Part D. Once again, I saw first hand the effect the new Medicare prescription drug law is having in our community: too many seniors and people with disabilities have been left without their prescriptions and many more are unsure whether their drugs will remain covered.

I opposed this badly flawed Republican prescription drug plan, which took effect at the beginning of this year, because it was confusing and illogical, and did not do enough to make medicines more affordable for Medicare recipients. For example, the law prohibits the Secretary of Health and Human Services from negotiating lower drug prices on behalf of the 40 million seniors enrolled in Medicare, even though similar types of negotiations currently in practice at the Veterans Administration (VA) saves them over 40% on many medicines.

The new Medicare prescription drug law has been a one-two punch for the American public. First, American taxpayers were socked with a bill that was over twice— \$932 billion —the Bush Administration’s advertised price. Then, seniors were forced to grapple with a system so confusing and complicated that many still cannot navigate their way through the program. To make a flawed program even worse, the Administration has botched its implementation, and over 20 states have declared public health emergencies as they’ve had to pick up the tab for tens of thousands of vulnerable seniors left without the medicines they desperately need.

On a recent trip to visit some family members in Florida, I had the opportunity to speak with former U.S. Secretary of Health and Human Services Donna Shalala, who is currently the President of the University of Miami. She told me that she spent an entire day helping her mother, a retired attorney, figure out which of the 43 prescription drug plans in Florida would be best for her. If a cabinet secretary and a lawyer struggle to make sense of this convoluted law, just imagine the confusion it is causing seniors across the nation.

Under the law, Maryland seniors are facing an overwhelming array of choices: 19 different companies offering 47 different plans with monthly premiums that vary from \$6.44 to \$68.91, as well as a Medicare managed care option called MedicareAdvantage.

The cost of prescription drugs in this country has skyrocketed beyond what most American families can afford, and it is imperative that we extend the time allotted for seniors to enroll in the Medicare prescription drug plan. That is why I have joined several of my colleagues in requesting that the Administration delay the deadline for penalty-free enrollment from May 15,

2006, which is the current deadline, until December 31, 2006. It is patently unfair that seniors who are unable to navigate the plan's enrollment labyrinth suffer a penalty.

Furthermore, seniors should be able to change plans during the first year of their enrollment if they are unsatisfied. Many seniors rely on prescription drugs for their health and well-being, and they should be provided ample time to understand this overwhelmingly complex drug plan.

Because this prescription drug plan is the law of the land, I encourage seniors to carefully examine all of the options available to them. To receive information directly from the Centers for Medicare and Medicaid Services, you can call 1-800-MEDICARE or log on to [www.medicare.gov](http://www.medicare.gov). Seniors can also receive one-on-one personalized counseling from representatives at the State Health Insurance Assistance Program.